

## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRES	PONDENCE ADDRES	S (Note: Use Block 1 for	any change of address	PE
22850	7590	03/03/2005	. /	. (58
	CUSTO 2	MER N 22850	UMBER	DEMARK OF

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's turne) . (Signatore)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO. CONFIRMATION	
10/003.283	12/06/2001	Shinya Seno	217042US3	5250

TITLE OF INVENTION: INJECTION MOLDING DEVICE WITH OUTSIDE AIR INLET PART

APPLN. TYPE	SMALL ENTITY	ISSUE FE	EB	PUBLICATION PEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	)	\$300	\$1700	06/03/2005
EXAL	MINER	ART UN	IT	CLASS-SUBCLASS	]	
HEITBRINK	, JILL LYNNE	1732		425-130000	_	
I. Change of correspondent	ce address or indication of "F	ee Address" (37	_	nting on the patent front page, I		OBLON, SPIVAK,
Change of correspon	dence address (or Change of 122) attached.	Correspondence	or agents	unes of up to 3 registered pate OR, alternatively, me of a single firm (having as		McCLELLAND, MAIER
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered 2 register	istorney or agent) and the named patent attorneys or agents. It name will be printed.	nes of up to	& NEUSTADT, P.C.
PLEASE NOTE: Unles	in 37 CFR 3.11. Completion	clow, no assignce of this form is NOT	data will app T a substitute () RESIDEN	pear on the patent. If an assign for filing an assignment. CE: (CITY and STATE OR CO	06/03/2005 SDENBOB	2 00000088 10003283
<b>r</b>	,,		lokyo,	JAPAN	02 FC:1504	300.0
Please check the appropriat	te assignee category or catego		inted on the	patent): 🔲 Individual 🖾 C	-	_
Please check the appropriat	te assignee category or catego		inted on the	patent): 🔲 Individual 🖾 C	Corporation or other private g	300.00 group entity Government
Please check the appropriat  4a. The following fee(s) are  Issue Fee	te assignee category or catego	4b	inted on the position. Payment of	patent): Individual C	corporation or other private g	_
Picase check the appropriat  4a. The following fee(s) are  Issue Fee	te assignee category or category ended; enclosed:	4b	inted on the position. Payment of A check	ostent): Individual Co	Corporation or other private good	group entity Government
Please check the appropriat  4a. The following fee(s) are  Issue Fee  Publication Fee (No  Advance Order - # of  Change in Entity Statu	te assignee category or category ended; enclosed:	4b	inted on the p. Payment of A check  Payment  The Dir Deposit Aca	ostent): Individual (Free(s):  in the amount of the fee(s) is entry credit card. Form PTO-203	nelosed.  8 is attached.  charge the required fee(s), colors an extra	group entity Government or credit any overpayment, to copy of this form).
Please check the appropriat  4a. The following fee(s) are  Issue Fee  Publication Fee (No  Advance Order - # of  Change in Entity Statu  a. Applicant claims 5	te assignce category or category e enclosed:  small entity discount permitte of Copies	4b ed) e) 37 CFR 1.27.	inted on the post of the payment of Payment of Payment of Deposit Acc	patent): Individual (Free(s):  in the amount of the fee(s) is end they credit card. Form PTO-203 ector is hereby authorized by count Number 15-06	corporation or other private governments.  8 is attached.  charge the required fee(s), on the control of the co	or credit any overpayment, to copy of this form).
Please check the appropriat  4a. The following fee(s) are  Issue Fee  Publication Fee (No  Advance Order - # of  Change in Entity Statu  a. Applicant claims S	te assignce category or category e enclosed:  small entity discount permitte of Copies	4b ed) e) 37 CFR 1.27.	inted on the post of the payment of Payment of Payment of Deposit Acc	patent): Individual (Control of the fee(s)):  in the amount of the fee(s) is one thy credit card. Form PTO-203 cetter is hereby authorized by count Number 1.5-01 cant is no longer claiming SMA	corporation or other private governments.  8 is attached.  charge the required fee(s), on the control of the co	or credit any overpayment, to copy of this form).  CFR 1.27(g)(2).  cation identified above, the assignee or other party in

an approximately to complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.